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| **Site Name** | | | | | | | | | | | | | | **Site ID** | | | | | | | **Date** | |
| **GROUP MEETING ENRICHMENT SURVEY** | | | | | | | | | | | | | | | | | | | | | | |
| ***ETO Data Entry Instructions:*** *Families Program > Record NEW TouchPoint > Group Meeting Enrichment Survey TouchPoint* | | | | | | | | | | | | | | | | | | | | | | |
| We want to present those topics and themes that are of interest to you and that will provide you with the information you need the most. In order to serve you better, we need you to tell us what you want. | | | | | | | | | | | | | | | | | | | | | | |
| **Please check all the activities that you would like to be included. Indicate as many as you like!** | | | | | | | | | | | | | | | | | | | | | | |
|  | 🔾 Arts and Crafts  🔾 Child Development  🔾 Self Esteem  🔾 Discipline  🔾 Furthering My Education  🔾 Beauty / Hair / Skin Care  🔾 Nutrition – Healthy Snacks  🔾 Health Issues  🔾 Government Services  🔾 Banking / Budgets, etc. | | | | | | | 🔾 Job Opportunities  🔾 School District Services  🔾 Community Services  🔾 Income Tax Credit Guidelines  🔾 Family Planning, Birth Control  🔾 Childhood Diseases  🔾 Weight Control  🔾 Budgeting, Shopping Wisely  🔾 Parenting Skills  🔾 Marriage, Family Counseling | | | | | | | | | | | 🔾 Alcohol and Drug Abuse  🔾 Coping with Stress  🔾 Sexually Transmitted Diseases  🔾 Single Parenting  🔾 First Aid & Home Safety  🔾 Recreational Activities  🔾 Domestic Violence  🔾 Child Abuse / Neglect  🔾 Other (Specify) | | | |
|  | **What are your ideas?** | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
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| **Group Meeting Day(s) Preferred** | | | | | | | | | | | | | | | | | | | | | | |
|  | 🔾 Monday | | 🔾 Tuesday | | | | 🔾 Wednesday | | | | 🔾 Thursday | | | | | | 🔾 Friday | | | 🔾 Saturday | | |
| **Group Meeting Time(s) Preferred** | | | | | | | | | | | | | | | | | | | | | | |
|  | 🔾 Morning | | 🔾 Afternoon | | | | 🔾 Evening | | | | | | | | | | | | | | | |
| **Child Care Needed During Group Meetings?** | | | | | | | | | | 🔾 Yes | | | 🔾 No | | | | | | | | | |
|  | If Yes, how many children need childcare during the Group Meetings? | | | | | | | | | | | | | |  | | | | | | |  |
|  | Age(s) of Children Needing Childcare During Group Meetings. Please check all that apply. | | | | | | | | | | | | | | | | | | | | | |
|  | | 🔾 0 – 12 Months | | 🔾 1 | | 🔾 2 | | | 🔾 3 | | | 🔾 4 | | | | 🔾 5 | | 🔾 Over 5 | | | | |